

**Title of Research** The Effects of an Organizational Intervention on Burnout: Lessons Learned from Team Care

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### Abstract

**Objective or Hypothesis** ‘Team Care’ is a clinic-level intervention that increased the number of clinical assistants per provider with the aim of reducing the workload of providers and staff while maintaining quality of care and service to patients. All clinic staff was surveyed using the Maslach Burnout Inventory (MBI) in order to understand the effect of the intervention on burnout.

**Population** All clinic staff, including physician and advance practice clinicians, clinical assistants, and other office staff were invited to participate in the burnout surveys. We analyzed 2970 of 6165 (48.2%) of e-mailed surveys.

**Methods** The study was implemented in two separate phases each consisting of disparate clinics. Clinics were matched and then assigned to Team Care (N = 11) or usual care (N = 10). Burnout was assessed at baseline, June 2011 (Phase 1) or September 2012 (Phase 2), and data was collected through October 2013 for a total of 27 months. Burnout was defined as scoring either 27 or greater on the emotional exhaustion subscale or 13 or greater on the depersonalization subscale of the MBI. The effect of team care was assessed at the clinic level. A generalized linear mixed model with a logit link and binomial family was used to describe the impact of this intervention. Models included job category, follow-up time, and a treatment condition by job category interaction term as fixed effect covariates. Random effects were subject-specific and clinic-specific intercepts. Intraclass correlation coefficients were calculated to assess the magnitude of different levels of clustering on burnout.

**Main Results** The team care intervention did not have a statistically significant effect on burnout (OR = 0.736, 95% CI = 0.476, 1.137). The effect of team care did not differ between providers and non-providers ( $t = 0.04$ ,  $p = 0.484$ ). Providers had a much higher odds of burnout than non-providers, regardless of whether their clinic was assigned to team care or not (OR = 5.51, 95% CI = 3.351, 9.064). Among both team care and non-team care clinics, there was a slight increase in burnout prevalence over time (OR = 1.019, 95% CI = 0.997, 1.042). Clinic-level clustering (ICC = 0.004) was much smaller than individual-level clustering or job-level clustering (ICC = 0.691).

**Conclusions** Our results reveal that team care did not yield the desired effect on burnout. As primary care clinics adapt to new guidelines and develop new approaches and strategies to better serve patients, improve quality of care, and improve employee wellbeing, our results provide information about one approach that in its initial implementation did not yield a statistically significant impact on burnout.

**IRB Approval** ☒ **Mentor(s)** William M. Spinelli, MD, MPA; Heather Britt, MPH, PhD **Funding Sources** Allina